

## THE DEVELOPMENT OF SPECIAL EDUCATION SERVICES IN ZIMBABWE

**Morgan Chitiyo**  
and  
**John Wheeler**

*Tennessee Technological University*

*When Zimbabwe gained independence in 1980, the government started a massive expansion of the education system. Two decades later, the country's literacy rate had risen to one of the highest in sub-Saharan Africa. However, the same cannot be said for special education. This paper examines the development of the education system in Zimbabwe with special attention given to the history of special education. This paper examines why special education has lagged behind in terms of its development in a country where the education system has developed so rapidly.*

Zimbabwe is a landlocked Southern African country, which borders on South Africa, Zambia, Mozambique and Botswana. Zimbabwe is a young country having obtained independence from Great Britain in 1980. Prior to gaining independence, the country's educational system could best be described as a *dual system* of education. Under this system, the blacks were largely educated through the efforts of individuals, churches, and missionaries who felt a moral obligation to help.

This background suffices to mention that there were no formal special education services to speak of. Whatever special schools were built during the colonial era were designed for white students only. Blacks could not afford them. It would be unfair, though, to solely blame the colonial system for the lack of services in special education. In most African societies people with physical and mental disabilities did not command respect in society. In fact, some communities shunned them as outcasts. This African attitude towards persons with disabilities fanned the colonial government's insensitivity to the plight of this disadvantaged group. Such was the plight of persons with disabilities in Zimbabwe, then Southern Rhodesia.

It has been a little over two decades since Zimbabwe gained its independence and special education is still in need of further development. Undoubtedly, Zimbabwe has made significant and notable strides in education since 1980, thereby receiving kudos for the highest literacy rate in sub-Saharan Africa. However, despite this progress in education, Special Education has not been high on the list of governmental priorities. As such, it is this writer's contention that there is need to develop Special Education at a level, at least, commensurate with the country's entire system of education. The purpose of this paper will be to examine the state of Special Education in Zimbabwe. Special attention will be paid to its historical development and the challenges that impede the development of Special Education in Zimbabwe.

*Demographics of Zimbabwe*

Zimbabwe's population is a little above 11 million people. The country has a literacy rate of 86%. Peresuh and Barcham (1998), quoting from the Central Statistics Office, reported that 17% of the population was below 4 years of age, 31% between 5 and 14 years, 15% between 15 and 64 years, and only 3% of the population were over 65 years. This places almost half of Zimbabwe's total population under 14 years of age.

*An overview of the education system*

The Zimbabwe Education system is run by two ministries, the Ministry of Education, which oversees early childhood education and care, primary and secondary education, and the Ministry of Higher Education, which is responsible for tertiary education and training. The 1996 National Report states that the Education Act of 1987, as amended in 1991 (Education Amendment Act, No. 26/1991), sets out general policies on education. The policies state that compulsory primary education should be provided for every child of school-going age, all children have a fundamental right to education, all children are entitled to enrolment at the nearest school and that schools should charge minimum fees.

In addition, the Manpower Planning and Development Act of 1984 as amended in 1994 governs the Ministry of Higher Education whose mandate is to provide, regulate and facilitate tertiary education and training. The act provides for the promotion of Vocational, Technical, Teachers, and University Education and Training (Ministry of Education, 1996).

In Zimbabwe, the meaning of curriculum is taken in a broad sense to mean all the experiences a child is exposed to through school, whether they be planned or unplanned, both in and out of the classroom as well as beyond the school (Ministry of Education, 1996). These experiences come mainly from three sources: (a) the formal curriculum that is planned by the school e.g. mathematics, languages, and sciences, (b) the co-curricular activities e.g. sports, clubs, games, athletics, cultural activities, and educational tours and, (c) the *hidden* curriculum that results from such elements as the manner in which teachers interact with each other, with the children and the community. This curriculum spans across pre-school to high school levels. Figure 1 shows the structure and organisation of the Education System from pre-school to high school.

**Figure 1: The structure of the Education system**

Level/Type	Age-Group (in years)	Study Period/Length of studies	Academic year
Early childhood Education and care (ECEC)	3 - 5	3 years	January/December
Primary School	6 - 12	7 years	January/December
Lower Secondary	13 - 14	2 years	January/December
Upper Secondary ('O' Level)	15 - 16	2 years	January/December
'A' Level/Form 5 and 6 (High School)	17 - 18	2 years	January/December

Source: Adapted from Ministry of Education Report /1999.

*Special education: A historical perspective*

Until 1980, there was no national policy on Special Education in Zimbabwe. The education of children with special needs was provided by charitable organizations and churches (Peresuh and Barcham, 1998). Children with special needs were usually placed in rural boarding schools or

institutions where they were taught practical skills such as basketry, woodwork, leatherwork, sewing and cookery. Missionaries and Humanitarian organizations like the Jairos Jiri Association and the Council for the Blind considered it more as a moral and religious obligation than a right for the children to receive an education (Peresuh and Barcham, 1998). As such, there was typically no coordination at all in the services offered to these children.

Government funding for schools for blacks was minimal, if at all. Csapo (1986) states how the unequal treatment manifested itself in the difference in per capita expenditure. During 1964/65 school year, for example, the expenditure per white pupil was \$197.30, and at the same time \$18.90, per black. Even a decade later, this inequality persisted with the average amount budgeted per white pupil ten times the amount given to blacks. The same applied for special schools. There were only 20 special schools in 1980 (Peresuh and Barcham, 1998). Funding for these schools was mainly through church donations and charitable fundraising. Moreover, these schools perennially suffered from lack of qualified teachers trained in the area of special education.

Upon gaining independence in 1980, significant change occurred in the area of education. School enrollment spiraled. The government immediately adopted the policy of universal primary education. The Ministry of Education opened the schools closed by war, made primary education free, and campaigned for adult literacy (Csapo, 1986). In 1981, the Zimbabwe National Disability Survey reported the results of a survey on the extent and causes of disability after the protracted war which left thousands disabled (Csapo, 1986). The results of the survey indicated that there were many people with disabilities in Zimbabwe as shown in figure 2. These figures were further broken down to show the number of children with disabilities. The results are shown in figure 3. Despite the enormity of the need for special education, the number of children receiving special education in Zimbabwe is very limited. The provisions available to this group are summarized in the Ministry of Education Report (1996) and are presented in figure 4.

**Figure 2: Percentage, number and category of disability**

Percentage	Number of Disabled	Category
24%	70,000	Visually impaired (22,700 totally blind)
23%	60,000	Lower limb
12%	34,000	Upper limb
10%	27,000	MR or behaviorally disturbed
9%	23,000	Hearing (8,500 totally deaf)
8%	20,000	Speech (9,800 unable to speak)
6%	15,000	Neurological (9,800 epilepsy)
4%	10,000	Spinal
2%	5,000	Respiratory
1%	2,7000	Cardio-vascular
.5%	2,500	Skin diseases
.5%	1,800	Other (acts of wild animals, snake bite, lightning strikes)
100%	271,000	

Source: Csapo, 1986.

It is evident that special education services in Zimbabwe have been mainly designed to address the needs of those children with four major types of disabilities (hearing, visual,

cognitive and physical). Significant progress has been made in integrating students with these types of disabilities into the regular classroom. However, a major setback to this integration is that most

*Figure 3. Category and number of disabled children*

<b>Category</b>	<b>Number of disabled</b>
Visually impaired	10,400
Disability of lower limb	13,000
Disability of upper limb	6,700
Mental retardation and behavior disorders	6,600
Hearing impaired	5,100
Speech impaired	7,700
Neurological impairment	2,600
Spinal impairment	1,300
Respiratory impairment	300
Cardio-vascular impairment	100
Skin impairment	600
Other impairments	500
Total	54,900

Source: Csapo, 1986.

*Figure 4: Special education services available*

<b>Area of Disability</b>	<b>Special Schools</b>	<b>Resource Units</b>	<b>Individual Integrated</b>	<b>Multiple handicap</b>
Hearing impairment	3	63	21	--
Cognitive disabilities	15	44	--	--
Physical disabilities	3	--		4
Visual Impairment	3	47	140	4
Total	24	154	207	4

Source: Ministry of Education Report/1999

of the teachers who teach these regular classes lack the requisite skills needed to address the needs of these children.

#### *The provision of Special Education*

Along those levels, there are an increasing number of special schools in Zimbabwe. The first of these was established for those pupils with visual and hearing impairments followed by those for children with cognitive and physical disabilities (Peresuh and Barcham, 1998). Special schools were probably regarded as ideal because they were in sync with traditional beliefs among many Zimbabweans, which considered a disability as an unalterable characteristic, which made the child with a disability inherently different from other children. For this reason, inter alia, it made sense to develop separate educational systems.

In contrast to the above, the trend in most developed countries like the United States, Canada and Britain has been towards inclusive education for children with disabilities in ordinary schools. In Zimbabwe there is more integration than inclusion. Inclusion differs from integration in that in integration, the child must make adjustments to the requirements of the school but in inclusion, it is the school that must make adjustments to accommodate or include the child (Mushoriwa, 2001). In Zimbabwe integration is provided in a number of ways.

Most notably, resource rooms, resource classes, special classes and integration units are all different forms that integration takes. A resource room is a support unit within an ordinary school

which is equipped with materials to facilitate the learning of the children with disabilities, normally the visually and hearing impaired (Peresuh and Barcham, 1998). Teaching is done in the regular classes with backup from the resource room. Resource centers are usually schools that provide resources to neighbouring ordinary schools in order to facilitate integration. Only a few of these exist in Zimbabwe. Integration units are classes in their own right and teaching is done in these units with the children with disabilities only interacting with their non-disabled peers during playtime and co-curricular activities. Special classes are similar to resource centers only that the children with disabilities learn in these units until they can graduate to ordinary classes. All these forms characterize the provision of special education in Zimbabwe.

#### *Preparation of Teachers*

Until 1980, special education teachers and specialists were trained abroad. Regardless of that, the scarcity of specialist teaching staff was and still remains a perennial problem. In order to address the problem of specialist teachers working in special education, the government established the Department of Special Education at the United College of Education in Bulawayo in 1983 (Peresuh and Barcham, 1998). In addition to that, the University of Zimbabwe began to offer a BEd in Special Education in 1994.

The University of Zimbabwe regulates the curriculum at most teacher training colleges. The curriculum offered at teachers' colleges corresponds to what is taught in the schools (Ministry of Education, 1996). In addition to the Education foundation courses student teachers take many courses in the subjects they will teach upon graduating from their training programs. The subject areas range from liberal arts, to commercial/ business, science, and to vocational and technical subjects. The introduction of Special Education has added another aspect to the training of teachers. Prospective Special Education teachers now take classes in the different areas of Special Education. However, as already mentioned, the selection of Special Education courses offered is not broad enough to cover all the different types of disabilities.

#### *Problems encountered in the provision of Special Education*

In 1992, the government of Zimbabwe implemented the infamous Economic Structural Adjustment Program (ESAP) at the behest of the International Monetary Fund (IMF). The goal of ESAP vis-à-vis fiscal operations was to reduce government expenditure through removal of subsidies, cost recovery, civil service rationalization and parastatal reform (Dhliwayo, 2001). Education was among the major victims of this fiscal austerity. Since education had hitherto been highly subsidized by the government, the sudden withdrawal of government subsidies engendered a deterioration of services. In the 1996 National Report, the government admitted that government funds seemed to be so inadequate that services were now run from donor funding which was also insufficient for the demands of services. Special Education, which had until now received little attention from government suffered even more. Poor families who had relied on the frugal government support to support their children with disabilities had no respite. In fact, if a family could not afford fees for all their children, the child with disabilities would be the first to be withdrawn from school.

Csapo (1986) first noted some of the factors hampering the provision of special education in Zimbabwe nearly twenty years ago. These factors included limited involvement from the Ministry of Education, lack of National policy on Special Education, shortage of specially trained teachers and government shortage of funds. The Ministry of Education's lack of involvement has resulted in the lack of coordination in Special Education services available in the country. In fact, the current Education Act does not make mention of special education. Hence, there is no

national policy on Special Education. Until the Ministry adopts a national policy, the provision of special education will always be uncoordinated and disintegrated rendering it almost impossible to hone the services at all levels.

The ramifications stemming from a lack of governmental involvement extend to the training of special education teachers. With expatriate teachers leaving the country after independence and little development in the training of specialist teachers, the country is starved of this valuable human resource. Although, a special education program has been introduced at the United College of Education and at the University of Zimbabwe, a large deficit still exists. The above programs only train teachers in the areas of sensory impairments (deaf or blind) and in the area of mental retardation. There is absolutely no provision for children with emotional/behaviour disorders.

### **Summary and Conclusion**

The writer has observed that families of children with disabilities do not participate much in the education of their children in Zimbabwe. Poverty could be one of the contributory factors since most families cannot afford specialized services for their children with disabilities. The lack of national policy on special education, as already discussed, could be another reason. The writer recommends that schools work closely with families of children with special needs. The family can collaborate by offering all relevant background information to the school authorities as well as assisting with any required home-based support. This is fundamental to the development of Individual Education Programs. The school needs to provide any training to the concerned parents on how to assist their child at home in order to facilitate the success of the intervention. Also, the school should keep the parents updated on the intervention process and the progress of their child. An effective bond between the two can help in determining the most relevant approach in developing each individual child's education plan. If the Ministry of Education can design a National Policy to this effect, assessment and teaching of children with disabilities can become less complex and much easier to access.

Furthermore, it has been noted from the available literature that Special Education in Zimbabwe is highly skewed towards certain categories to the total neglect of many other children. The needs of gifted children, for example, are not addressed within the current framework. Children with various behavior disorders are also excluded in the current scheme of services. The Ministry of Education needs to address this anomaly. Instead of bundling children with disabilities into just one bracket, a distinction needs to be made which will allow for the identification of specific special circumstances and hence development of appropriate education for all. Children with various behavior problems, for example, are currently clustered within the category of mental retardation. This failure to distinguish among the various needs begets generic programs, which might not be suitable for each specific case. Hence, there is need for categorical special education services in Zimbabwe.

The preparation of teachers is another area that needs special and immediate attention. It has already been mentioned that special education programs have been introduced at the United College of Education and The University of Zimbabwe respectively. However, it is the writer's contention that these efforts, although in the right direction, do not suffice given the enormity of the problem. Besides, the programs mentioned above are designed to train teachers to serve students who are visually impaired, hearing impaired, and speech impaired. There is again no formal training offered to teachers to deal with various behavior disorders. Thus, implementing more comprehensive programs, which address the present needs in the country, can be more helpful.

Zimbabwe has made good overall progress in education, as indicated earlier. However, the same cannot be said for special education. There is need for a comprehensive national policy to synthesize all the efforts being made by different churches, individuals, organizations and the government in delivering special education. The government needs to spearhead and expedite the training of special education teachers. Also, there is need to broaden the purview of special education to include children with emotional/behavior disorders, and gifted and talented children as well. It is anticipated that such programmatic changes would result in innumerable benefits to children and families challenged by disabilities.

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